

18630

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

ED JUN 7 1943

Registration District No. 273

Primary Registration District No. 5915

1. PLACE OF DEATH:

(a) County **Perry**
(b) City or town **Rural Central**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **81- 8- 21** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Anna Whistler**

3. (b) If veteran, name war 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Henry Whistler** 6. (c) Age of husband or wife if alive years

7. Birth date of deceased **Sept. 2 1861** (Month) (Day) (Year)

8. AGE: **81** Years **8** Months **21** Days If less than one day hr. min.

9. Birthplace **Perry Co. Missouri** (City, town, or county) (State or foreign country)

10. Usual occupation **House Wife**

11. Industry or business:

12. Name **Gabe Blanc**

13. Birthplace **France** (City, town, or county) (State or foreign country)

14. Maiden name **Don't Know**

15. Birthplace **9** (City, town, or county) (State or foreign country)

16. (a) Informant **Bernard Whistler**

(b) Address **Perryville Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **May 25 1943** (Month) (Day) (Year)

(c) Place: burial or cremation **Perryville Mo.**

18. (a) Signature of funeral director **Valley Loma**

(b) Address **Perryville Mo.**

19. (a) **5-24-1943** (Date received local registrar) (b) **Thos G. Elder** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Perry** 79
(c) City or town **Rural Central** 0
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location) 0

(e) Citizen of foreign country? (Yes or No)
If yes, name country. 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **22**
year **1943** hour **2** minute **45 P.**

21. I hereby certify that I attended the deceased from **April 1**
1943 to **May 22** 1943
that I last saw her alive on **May 22** 1943
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial infarction** 1 year

Due to **Chronic valvular disease**

Due to **Senility**

Other conditions **Senility**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **13/a**

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury

23. Signature **Thos G. Elder** (M. D. or other)
Address **Perryville Mo.** Date signed **5/24/43**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 9 1943

JUN 10 1943

JUN 11 1943

JUN 11 1943

RECEIVED

District Health Officer No. 4
District File Number 643-2250
Date Filed 6-4-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Wallace Young

Licensed Embalmer No. 4027

P. O. Address Perryville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.